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## Declaration Statement Appendix

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### Submitting Organization to be Contacted Regarding This Process

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Name of submitting organization

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Address

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City	State	ZIP Code
Official to be contacted	Phone number	

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Address of location (s) where magnetic Bank Secrecy Act Reports will be prepared *(If more than one location, list all locations)*

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Address of offices and branches that will not participate in the process and will continue to submit paper currency transaction documents

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